



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

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BOARD OF PHARMCY
APPLICATION FOR APPROVAL AS CONTINUING EDUCATION (C.E.) PROVIDER

(NOTE: ONLY APPLICANTS LOCATED WITHIN THE STATE OF DELAWARE ARE ELIGIBLE FOR BOARD PROVIDER APPROVAL. OUT-OF-STATE PROVIDERS MUST BE ACPE APPROVED.)

1. Name of applicant _____ Date _____
Address _____
City _____ State _____ Zip _____ Phone _____
2. Name & title of Principal officer (President, Executive Secretary, etc.)

3. Name & title of person who will administer C.E. programs

4. Check One: Individual _____ Partnership _____ Corporation _____
Other _____ (Please describe.)
5. Check One: Institution _____ School _____ Professional Society _____
6. Have you provided any C.E. programs in the last 12 months.? Yes _____ No _____
(If yes, attach documentation listing programs description, names of presenters, number of attendees, dates of programs, profession of attendees, length of programs excluding breaks, meals, social activities or administrative time.)
7. Are you accredited by any other agency? Yes _____ No _____
(Example: AMA Physicians' Recognition Award, or another Board of Pharmacy) If yes, attach documentation.
8. Describe the method that will be used to promote programs. (Attach example if available)
9. Describe the system that will be used to maintain records that document participation in C.E. activities.

10. Submit a sample document that participants will receive to prove successful completion of C.E. programs. The document must meet the criteria outlined in the Board of Pharmacy Regulation I. E.4.(5)(b)6.
11. Provide your written policy concerning grievances and tuition.
12. Describe the standards you use to select presenters.
13. Describe audio-visual equipment and other teaching aids which will be used.
14. Describe the goals and objectives of your overall programs.
15. Describe the planning process used in development of individual programs.

16. Indicate the types of educational programs that will be offered: (check all that apply)

_____ Live lecture only

_____ Live lecture with open discussion period

_____ Live lecture with small discussion or workshop groups

_____ Workshop or discussion groups only

_____ Laboratory

_____ Videotape lecture

_____ Cassette tape

_____ Journal articles

_____ Home study book or booklet

_____ Presentation of scholarly articles or research

Other (Please describe) _____

17. Describe the method that will be used to evaluate the effectiveness of the program.
18. How often will programming be updated?
19. Check method(s) that will be used to assess attendees achievement for credit to be awarded
- _____ pre & post test for 3 or more hours in length
_____ post test for 1-2 hours in length
_____ evaluation
- (25% of the requested number of continuing education hours will be deducted if pre-test and post-test requirements are not met)
20. What measures will be used to determine if C.E. credit will be awarded to a participant?
21. What standards will be used to select program sites?

I certify that all C.E. programs will meet the criteria for approval established by the Board.

Authorized agents of the Board will be allowed to examine any records or other materials pertaining to our C.E. activities without notice during normal business hours.

Authorized agent of the Board will be allowed to conduct onsite monitoring of C.E. programs without charge (i.e. registration fees will be waived).

I certify that all of the information contained in this application is true.

(Signature of person having administrative responsibility for provider's C.E. program)

Date_____

(Sign Here)_____(SEAL)

Subscribed and sworn before me
this_____day of _____20____.

Witness my hand and seal hereunto attached.

_____(SEAL)
(Notary public)